

## **2008 HEALTH PLAN (ACTIVE EMPLOYEES)**

### **ANTHEM BLUE ACCESS PLAN - 80/20**

		<b><u>SINGLE</u></b>	<b><u>FAMILY</u></b>
<b>PREMIUM SHARE (monthly - 5%)</b>		<b>\$13.84</b>	<b>\$38.22</b>
<b>DEDUCTIBLE</b>	<b>NETWORK</b>	<b>\$300</b>	<b>\$600</b>
	<b>NON-NETWORK</b>	<b>\$600</b>	<b>\$1,200</b>
<b>COINSURANCE</b>	<b>NETWORK</b>	<b>20% to \$1,200</b>	<b>20% to \$2,400</b>
	<b>NON-NETWORK</b>	<b>50% to \$2,400</b>	<b>50% to \$4,800</b>
<b>OUT-OF-POCKET</b>	<b>NETWORK</b>	<b>\$1,500</b>	<b>\$3,000</b>
	<b>NON-NETWORK</b>	<b>\$3,000</b>	<b>\$6,000</b>
<b>RX (generic/brand/non-formulary)</b>		<b>\$10/\$20/\$30</b>	<b>\$10/\$20/\$30</b>
<b>RX (mail order)</b>		<b>90 DAY SUPPLY FOR TWO COPAYS</b>	

# CITY OF CINCINNATI - 2008 HEALTH PLAN

## IMPORTANT INFORMATION AND PLAN FEATURES

- ✱ WELLNESS VISITS (ROUTINE ANNUAL PHYSICAL AND ASSOCIATED LAB TESTS ETC., ROUTINE MAMMOGRAMS, ROUTINE PAP TESTING, ROUTINE ANNUAL VISION AND HEARING EXAMS) ARE COVERED AT 100% WITH NO DEDUCTIBLE CHARGE.
- ✱ PLAN UTILIZES THE CURRENT ANTHEM BLUE ACCESS PPO NETWORK. TO FIND A NETWORK PROVIDER GO TO [WWW.ANTHEM.COM](http://WWW.ANTHEM.COM), CLICK ON "FIND A DOCTOR" AND FOLLOW THE PROMPTS, OR CALL ANTHEM CUSTOMER SERVICE AT 1 - 800 - 887 - 6055. IF YOU ARE CURRENTLY ENROLLED IN THE BLUE ACCESS PPO PLAN, YOU WILL NOT HAVE TO CHANGE PROVIDERS. IF YOU ARE CURRENTLY ENROLLED IN THE BLUE PRIORITY HMO PLAN, YOUR CURRENT PROVIDERS ARE MORE THAN LIKELY NETWORK PROVIDERS UNDER THE BLUE ACCESS PLAN. THE ONE AREA OF CONCERN FOR EMPLOYEES IS MENTAL HEALTH BENEFITS. EMPLOYEES ENROLLED IN THE BLUE PRIORITY PLAN SHOULD VERIFY WITH ANTHEM THAT THEIR MENTAL HEALTH PROVIDER IS A NETWORK PROVIDER IN THE BLUE ACCESS PPO PLAN. TO BE SAFE, BLUE PRIORITY PLAN PARTICIPANTS SHOULD VERIFY THAT THEIR CURRENT PROVIDERS PARTICIPATE IN THE BLUE ACCESS PLAN NETWORK.
- ✱ ALL HEALTH CARE EXPENSES (HOSPITAL, EMERGENCY, OUTPATIENT AND PROFESSIONAL SERVICES)(EXCEPT FOR WELLNESS VISITS) WILL APPLY TO THE DEDUCTIBLE AND COINSURANCE REQUIREMENTS. EMPLOYEES ARE RESPONSIBLE FOR THE FIRST \$300 OF CLAIMS EXPENSE FOR ANY INDIVIDUAL (INDIVIDUAL DEDUCTIBLE) AND THEN 20% OF THE ALLOWED CHARGES UP TO ANOTHER \$1200 (MAXIMUM INDIVIDUAL COINSURANCE LIMIT). THE MAXIMUM OUT-OF-POCKET EXPENSE FOR ANY INDIVIDUAL IS \$1500 (\$300 DEDUCT. + \$1200 COINSURANCE).
- ✱ NO ONE INDIVIDUAL IS RESPONSIBLE FOR MORE THAN THE INDIVIDUAL DEDUCTIBLE (\$300) PLUS 20% COINSURANCE LIMIT (\$1200) FOR A MAXIMUM OUT-OF-POCKET LIMIT OF \$1500 PER POLICY YEAR. THEREFORE, NO INDIVIDUAL CAN, OR HAS TO, SATISFY THE FAMILY DEDUCTIBLE (\$600), FAMILY COINSURANCE LIMIT (\$2400), OR OUT-POCKET MAXIMUM OF \$3000. IF TWO FAMILY MEMBERS REACH THEIR \$300 DEDUCTIBLE, THEN THE THIRD FAMILY MEMBER WOULD NOT HAVE A DEDUCTIBLE AND ANY CLAIMS WOULD BE PROCESSED UNDER THE 20% COINSURANCE REQUIREMENT. THE FAMILY DEDUCTIBLE OF \$600 IS A CUMULATIVE LIMIT, THEREFORE, ANY COMBINATION OF FAMILY MEMBER DEDUCTIBLE EXPENSES TALLING \$600 WILL SATISFY THE FAMILY DEDUCTIBLE REQUIREMENT. THE SAME PROCESS APPLIES TO THE FAMILY COINSURANCE LIMIT OF \$2400. ONCE AN INDIVIDUAL HAS REACHED \$1500 IN OUT-OF-POCKET CLAIMS EXPENSE OR A FAMILY HAS REACHED \$3000 IN OUT-OF-POCKET CLAIMS EXPENSE, ALL CLAIMS THEREAFTER WOULD BE PAID AT 100%.
- ✱ PRESCRIPTION DRUG COPAYMENTS DO NOT APPLY TO THE DEDUCTIBLE AND COINSURANCE LIMITS.

